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Feb 05 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17766 (9)

1. Corporation Name

THE LAUDERHILL/LAUDERDALE LAKES CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

4464 N. UNIVERSITY DR
LAUDERHILL FL 33351
US

4464 N UNIVERSITY DR
LAUDERHILL FL 33351
US



3. Date Incorporated or Qualified

11/13/1986

4. FEI Number

59-2776964

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRYER, ROBERT N. JR.
6827 W. COMMERCIAL BLVD.
TAMARAC FL 33319

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
KNOWLES, JAMES
STREET ADDRESS 4464 N UNIVERSITY DR
CITY-ST-ZIP LAUDERHILL FL

TITLE ☐ DELETE

NAME PD
BOWMAN, JOHN
STREET ADDRESS 4464 N UNIVERSITY DR
CITY-ST-ZIP LAUDERHILL FL

TITLE ☒ DELETE

NAME TD
HARRISON, MICHAEL P
STREET ADDRESS 4512 N UNIVERSITY DR
CITY-ST-ZIP LAUDERHILL FL

TITLE ☐ DELETE

NAME PD
EINHEIT, JUDI
STREET ADDRESS 4512 N. UNIVERSITY DR.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☒ DELETE

NAME D
SIEGEL, CAROLE JENSEN
STREET ADDRESS 4512 N. UNIVERSITY DR.
CITY-ST-ZIP LAUDERHILL FL

TITLE ☒ DELETE

NAME D
STEARNS, JESS D
STREET ADDRESS 4464 N UNIVERSITY DR.
CITY-ST-ZIP LAUDERHILL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TD
Huberman, Marsha
4464 N. University Dr
Lauderhill FL

4464 N. University Dr
Lauderhill FL

D
Montemurro, Jos
4464 N. University Dr
Lauderhill, FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Marsha Huberman 11/15/98 (954) 721-5226 X116

CR2E037 (10/97)